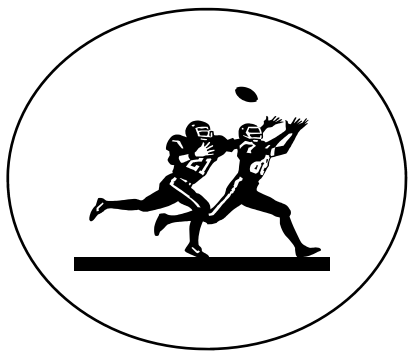# ARE YOU READY???

- To register the team: Please call us at 480-312-7657 or mail in form. Teams will be provided details about the event including: map to location and rules for the tournament.

- There will be several Skill Challenges including: Fastest Person Award and QB Challenge.

"4 on 4 Flag Football Tournament"

**City of Scottsdale
Youth Sports**
7340 Scottsdale Mall
Scottsdale, AZ 85251

The City of Scottsdale Youth Sports presents

2nd Annual
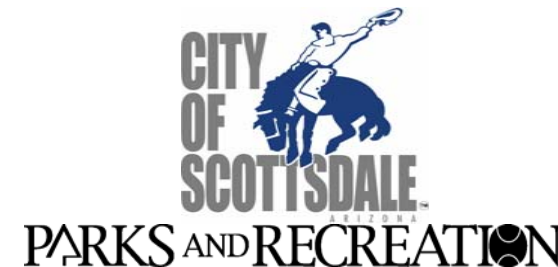"4 on 4"
Flag Football
Tournament

Let's See You
"Air It OUT"

In
Scottsdale, Arizona
Tuesday December 20
Start Time: 10:00a.m.
at Mountain View Park

CITY OF SCOTTSDALE ARIZONA

PARKS AND RECREATION

4 on 4 Flag Football Tournament
Tuesday December 20, 2005
10:00a.m. - 4:00p.m.
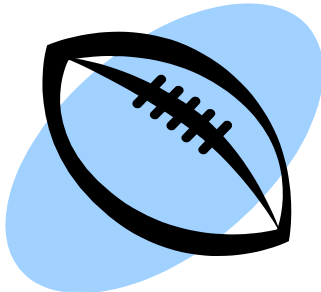
Registration Fee
$15.00 per team
All fees must accompany the entry form.
Make checks payable to the City of Scottsdale

Deadline
Entry forms must be received by December 13
Mail to Youth Sports at 7340 Scottsdale Mall
Scottsdale, AZ 85251
OR call 480-312-7657

- **Confirmation letters will be mailed out**

Rules

- Each team will consist of four to six players, 4 players on the field and 1 or 2 substitutes. There will be free substitution on a dead ball.
- NO roster changes when game begins.
- Games are played to 28 points or 30 minutes which ever is reached first
- No contact allowed
- NO BLOCKING
- A coin toss determines 1st possession
  *Each team will receive a copy of the rules

FOR MORE INFORMATION PLEASE CALL

480-312-7657   480-312-2456   480-312-7642

---

4 on 4 Flag Football Tournament

Team Name: _____

Contact Person: _____

Phone Number: _____

Divisions

◊ 4/5 Grade   ($15.00 per team)

◊ 6 Grade   ($15.00 per team)

◊ 7/8 Grade   ($15.00 per team)

Player 1 (Captain) -please print

_____

Last Name   First Name

_____

Address   Zip Code

_____

Grade   Date of Birth

_____

Phone # (daytime)   E-Mail Address

Player 2

_____

Last Name   First Name

_____

Address   Zip Code

_____

Grade   Date of Birth

_____

Phone # (daytime)   E-Mail Address

A completed permission slip is required for all participants to play.

D E T A C H

Player 3

_____

Last Name   First Name

_____

Address   Zip Code

_____

Grade   Date of Birth

_____

Phone # (daytime)   E-Mail Address

Player 4

_____

Last Name   First Name

_____

Address   Zip Code

_____

Grade   Date of Birth

_____

Phone # (daytime)   E-Mail Address

Player 5 (substitute)

_____

Last Name   First Name

_____

Address   Zip Code

_____

Grade   Date of Birth   Phone #

Player 6 (substitute)

_____

Last Name   First Name

_____

Address   Zip Code

_____

Grade   Date of Birth   Phone #